

The following tables provides current prices for Radiology, Lab and Average Case Prices (gross charges) for Common Outpatient and Inpatient Procedures at Pioneers Memorial Hospital. The actual total price (charges) for Outpatient and Inpatient procedures may be higher or lower depending on the level of care provided, medical supplies used, pharmacy drugs administered, and other services provided to the patient.

Please contact our Financial Counseling Office for assistance or for services not listed below at (760) 351-3322, office hours Monday through Friday 8:30am to 4:30pm. The prices below reflect hospital prices only. Physicians services will be billed separately. These might include bills from the patient's private physician, emergency room physicians, radiologists, pathologists, and/or anesthesiologists.

**RADIOLOGY**

CPT	CPT Description	Gross Price
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CT		
70450	HEAD SCAN-W/O CONTRAST	\$2,421.09
74177	CT ABDOMEN & PELVIS W/CONTRAST	\$4,555.53
72125	CERVICAL SPINE W/O CONTRAST	\$2,968.67
74176	CT ABDOMEN & PELVIS W/O CONTRAST	\$4,121.15
71260	CHEST SCAN WITH CONTRAST (PE PROTOCOL)	\$3,097.29

MRI		
72148	MRI LUMBAR WITHOUT CONTRAST	\$2,151.68
70551	MRI BRAIN WITHOUT CONTRAST	\$1,939.50
73721	MRI LOWER EXTREM JOINT WITHOUT CONTRAST	\$1,915.70
72141	MRI CERVICAL WITHOUT CONTRAST	\$1,939.50
70553	MRI BRAIN WITHOUT & WITH CONTRAST	\$4,310.24

X-RAY		
71046	CHEST 2 VIEWS	\$103.08
71045	CHEST 1 VIEW	\$479.85
77063	TOMOSYNTHESIS MAMMO	\$138.31
77067	MAMMO SCREENING BILAT DDI	\$366.08
73630	FOOT 3 OR MORE VIEWS	\$174.10
73562	KNEE 3 VIEWS	\$278.63
73030	SHOULDER 2 OR MORE VIEWS	\$403.52

NUCLEAR		
78452	MYOCARDIAL PERF MULTI STUDY	\$3,344.40
78306	BONE SCAN-TOTAL	\$974.43
78014	THYROID SCAN W/UP TAKE, MULTIPLE	\$826.90
78315	BONE SCAN 3 PHASE	\$974.43
78195	LYMPHATICS & LYMPH GLANDS IMAGING	\$1,083.78
A9502	TECHNET TC-99M TETROF DIAG PER STUDY	\$141.75
A9516	IODIN I-123 SODIUM IODIDE CAP 100MICRO	\$227.12

ULTRASOUND		
76700	ABDOMEN COMPL	\$395.43
76856	US PELVIC NON-OB COMPLETE	\$395.43
93975	US DUPLEX ABD PEL RETR COM	\$556.03
76819	US FETAL BIOPHYSICAL PROFILE W/O NST	\$286.25
76641	US BREAST(S) BILAT	\$268.88
93970	US DOPPLER EXTREM LOWER VEINS BILAT	\$556.03
76801	OB US 1ST TRIMESTER SGL/1ST GEST	\$395.43

CPT	CPT Description	Gross Price
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Lab COVID-19 Testing		
87635	SARS-COV-2 "COVID-19" amp	\$69.00
C9803	Specimen Collection SARS-COV2 COVID19	\$15.75
U0003	COVID-19 molecular/NAAT test	\$203.00
86328	COVID Antibody, IgG/IgM	\$51.50

Other Lab		
36415	BLOOD DRAW-FEE I/P	\$26.25
85025	CBC	\$96.08
80053	COMPREHENSIVE METABOLIC	\$130.73
81001	URINALYSIS-AUTO W/MICRO	\$39.38
82948	GLUCOSE (POCT)	\$21.00
83690	LIPASE	\$85.58
84484	TROPONIN I	\$121.80
80048	BASIC METABOLIC PANEL	\$104.48
87086	CULTURE-URINE	\$99.75
81003	URINALYSIS-POC	\$16.29
80061	LIPID PANEL	\$97.11
84443	TSH	\$121.75
85610	PRO-TIME	\$48.83
82550	CPK	\$80.85
83036	HEMOGLOBIN A1C	\$120.33
87205	GRAM STAIN	\$53.03
80076	LIVER PANEL	\$101.33
85730	PTT	\$74.55
87077	AEROBIC ISOLATE, DEFINITIVE ID	\$58.56
83605	LACTIC ACID (LACTATE)	\$132.30
82306	VITAMIN D, 25-OH	\$214.55
82607	VITAMIN B12	\$186.38
84439	THYROIDINE, FREE	\$65.36
86140	C-REACTIVE PROTEIN	\$58.85
85652	SED RATE, AUTO	\$44.10
85379	D-DIMER QUANT	\$87.68
83540	IRON	\$80.33
81025	PREGNANCY TEST-URINE	\$68.25

**OUTPATIENT SURGERIES**

CPT	CPT Description	Average Case Price
36902	INTRODUCTION CATH DIALYSIS CIRCUIT, ANGIOPLASTY	\$15,351.46
64483	INJECTION, LUMBAR OR SACRAL, SINGLE LEVEL	\$5,299.34
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$17,359.76
45378	DIAGNOSTIC COLONOSCOPY	\$7,567.73
43235	UPPER GI ENDOSCOPY, DIAGNOSIS	\$7,949.11
45380	COLONOSCOPY AND BIOPSY	\$9,148.90
58558	HYSTEROSCOPY, BIOPSY	\$12,800.17
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 OR OLDER	\$17,516.10
43239	UPPER GI ENDOSCOPY, BIOPSY	\$8,502.49
36561	INSERT TUNNELED CENTRAL VENOUS CATH WITH PORT, AGE 5 OR OLDER	\$12,926.63
36905	THROMBECTOMY WITH BALLOON ANGIOPLASTY	\$26,478.38
58661	LAPAROSCOPIC, REMOVE ADNEXA	\$17,301.08
36901	INTRODUCTION CATHETER DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY	\$8,034.27
36558	INSERT TUNNELED CENTRAL VENOUS CATH, AGE 5 OR OLDER	\$10,281.84
58670	LAPAROSCOPIC, TUBAL CAUTERY	\$13,684.49
64479	INJECTION, CERVICAL OR THORACIC, SINGLE LEVEL	\$5,251.70
29880	KNEE ARTHROSCOPY/SURGERY, WITH MENISCECTOMY MEDIAL & LATERAL	\$14,188.04

**INPATIENT PROCEDURES**

Medicare DR DRG Description	Average Case Price
871 SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	\$46,572
795 NORMAL NEWBORN	\$3,206
775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	\$10,433
291 HEART FAILURE & SHOCK W MCC	\$38,376
193 SIMPLE PNEUMONIA & PLEURISY W MCC	\$40,807
872 SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	\$26,371
470 MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	\$56,138
794 NEONATE W OTHER SIGNIFICANT PROBLEMS	\$3,591
194 SIMPLE PNEUMONIA & PLEURISY W CC	\$28,363
690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	\$21,694
189 PULMONARY EDEMA & RESPIRATORY FAILURE	\$49,039
766 CESAREAN SECTION W/O CC/MCC	\$18,779
280 ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	\$37,212
65 INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	\$29,030

4/1/19 MRI Prices Changed  
9/23/20 Added Lab COVID 19 Prices